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PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary. Checklist Preparer: (Name/Title Site Name: Previous Names (if any): Site Location: (City) Latitude: Longitude: Complete the following checklist. If "yes" is marked, please explain below. YES NO Does the site already appear in CERCLIS? Is the release from products that are part of the structure of, and result in exposure within, residential buildings or 区 businesses or community structures? Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through X 3. naturally occurring processes or phenomena, from a location where it is naturally found? Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use? 4. 1 Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)? x 5. × Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTRCA, or OSHA)? Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA ্ব Corrective Action)? Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release X above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred. EPA approved risk assessment completed)? Please explain all "yes" answer(s), attach additional sheets if necessary:



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Regional EPA Reviewer:	Print Name/Signature	10/4/05 Date
State Agency/Tribe:	Print Name/Signature	Date